

2004 Form RS-1
Uniform Application for Single State Registration
For Motor Carriers operating under authority
Issued by the Federal Highway Administration

MOTOR CARRIER IDENTIFICATION NUMBERS:

ICC MC NO: _____ US DOT NO: _____ FEIN: _____
Phone #: _____ Fax #: _____

APPLICANT (Identical to name on ICC order) and PRINCIPAL PLACE OF BUSINESS
ADDRESS**:

Name: _____
D/B/A: _____
Street: _____
City: _____

MAILING ADDRESS (if different from Business Address above):

Street: _____
City: _____

TYPE OF REGISTRATION:

- ☐ New Carrier Registration – The motor carrier has not previously registered.
☐ Annual Registration – The motor carrier is renewing its annual registration.
☐ New Registration State Selection – The motor carrier has changed its principal program.
The prior registration state was _____.

TYPE OF MOTOR CARRIER:

☐ Individual ☐ Partnership ☐ Corporation

If corporation, give state in which incorporated: _____

List name of partners or officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

TYPE OF ICC REGISTERED AUTHORITY:

- ☐ Permanent Certificate or Permit
☐ Temporary Authority (TA)
☐ Emergency Temporary Authority (ETA)

TYPE OF MOTOR CARRIER OPERATION:

- ☐ Transporter of PROPERTY – Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
☐ Transporter of PROPERTY – Using only freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
☐ Transporter of PASSENGERS – Using vehicles with a seating capacity of 16 passengers or more.
☐ Transporter of PASSENGERS – Using only vehicles with a seating capacity of 15 passengers or less.

** A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains its operational records.

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- ☐ ICC CERTIFICATE (S) OR PERMIT (S):
- ☐ ICC Authority Order(s) attached for first year registration.
- ☐ ICC Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY (PL/PD) SECURITY (check only one block):

- ☐ The applicant or its insurance company will file a copy of its proof public liability security to the registered state.
- ☐ The applicant or its insurance company has filed a copy of its proof public liability security to the registered state and the insurance coverage as stated on that form remains in effect.
- ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the ICC order. A copy of the ICC insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS:

- ☐ The applicant will NOT haul hazardous materials in any quantity.
- ☐ The applicant will haul hazardous materials requiring the \$1 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 1043.2.
- ☐ The applicant will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 1043.2.

PROCESS AGENT:

- ☐ ICC Form NO. BOC-3 or blanket designation attached for new registration.
- ☐ ICC Form NO. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of applicant. (Penalty provisions subject to the laws of the registration state.)

Name (Printed) _____
 Signature _____ Title _____
 Telephone Number (____) _____ - _____ Date _____

Return Completed Form To:

UT Dept of Trans/Motor Carrier
 4501 S. 2700 W. / P.O. Box 141210
 Salt Lake City, UT 84114-1210
 Phone: (801) 965-4279
 Fax: (801) 965-4457